

Name  
in  
Full

Mrs Richard Anthony

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Oxford

Tallot

Date

Month

Day

Years

Months

Days

of death

1906

October

26<sup>th</sup>

Age

35

6

26

Sex

female

Color or  
Race

White

Birth-  
place

Tallot Co

Occupation

Where Residing if not  
at place of death

Oxford

Married, Single  
or Widowed

married

Name of Wife or  
Husband

Richard Anthony

Father's  
Name

Samuel Stanton

Father's  
Birthplace

Tallot Co

Mother's  
Maiden Name

Melvina Cummings

Mother's  
Birthplace

"

Name of person giving  
In formation

William H Stanton

How related  
to deceased

brother

## CAUSES OF DEATH

Primary

Tuberculosis

How long

Five years

Immediate

Nephritis

How long

Three months

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

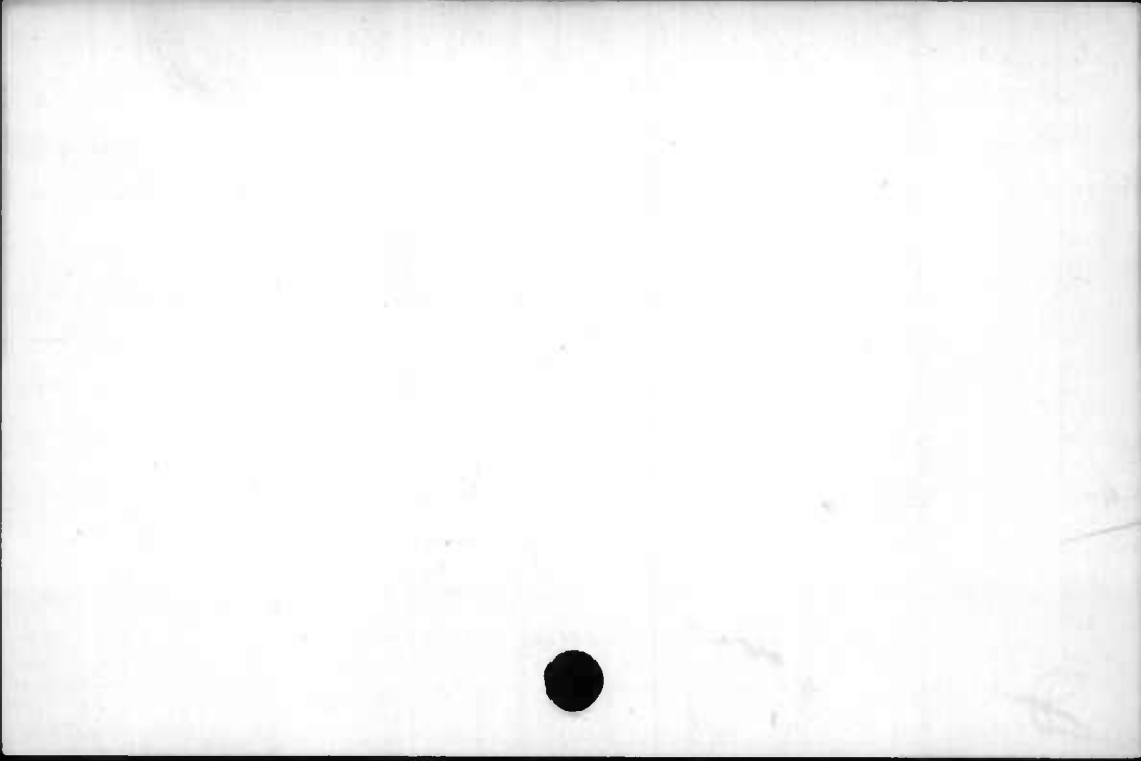
Address

J. H. Stevens  
Oxford

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>James Richard Bartlett</b>		Town <b>Easton</b>		County <b>Kalbar</b>		MARYLAND	
Died at <b>Easton</b>		Month <b>Oct</b>		Day <b>5</b>		Years <b>81</b>	
Date of death <b>1906</b>		Month <b>Oct</b>		Day <b>5</b>		Years <b>81</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Trappe, Ind.</b>		Months <b>2</b>	
Occupation <b>Sailor</b>		Where Residing if not at place of death		Days <b>28</b>			
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Eliza Anne Batchelder</b>		Father's Birthplace <b>England</b>		Mother's Birthplace <b>Easton, Ind.</b>	
Father's Name <b>Joseph Bartlett</b>		Mother's Maiden Name <b>Rebecca Matthews</b>		How related to deceased <b>daughter</b>			
Name of person giving information <b>Mrs. Kate E. Paulkner</b>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

**Apoplexy**

How long

**3 days**

Immediate

**"**

How long

**1 hr.**

Are the name, age, sex, color, date and place correctly given above?

**yes**

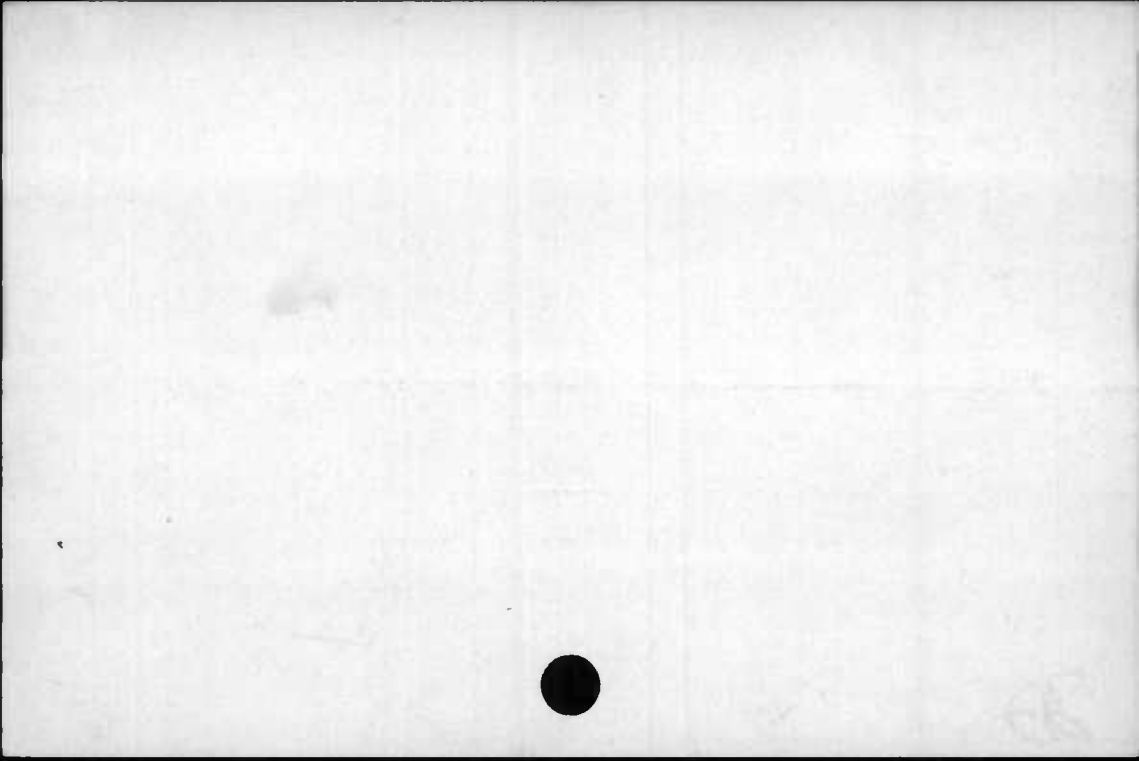
Signature of Physician

**J. Newton Perkins.**

Address

**Easton,****Ind.**

Accident or Suicide?



Name  
in  
Full

Clyde J. Bradley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near</i> Town <i>East</i> County <i>Talbot</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>11</i>	Age <i>—</i> Years <i>—</i> Months <i>5</i> Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Near East</i>
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Wm Bradley</i>		Father's Birthplace <i>Talbot Co</i>	
Mother's Maiden Name <i>Mary Clayne</i>		Mother's Birthplace <i>Ohio</i>	
Name of person giving information <i>Wm Bradley</i>		How related to deceased <i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>acute Nephritis</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>few hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. F. Davidson</i>
	Address <i>Easton, Md.</i>
Accident or Suicide? <i>8</i>	

12 Eastern

$$\begin{array}{r} 185 \\ 150 \\ 65 \\ \hline \end{array}$$

$$\begin{array}{r} 390 \\ 25 \\ \hline \end{array}$$

$$\begin{array}{r} 285 \\ \hline \end{array}$$

$$\begin{array}{r} 2832 \\ 2900 \\ \hline \end{array}$$

$$\begin{array}{r} 2815 \\ 285 \\ \hline 72615 \end{array}$$

$$\begin{array}{r} 120 \\ 612 \\ \hline \end{array}$$

$$\begin{array}{r} 1332 \\ 1300 \\ \hline 2632 \end{array}$$

$$\begin{array}{r} 290 \\ 285 \\ \hline \end{array}$$

$$\begin{array}{r} 5 \\ \hline \end{array}$$

Name In Full		William Jennings Bryan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Barber		Town		County
							Salto
							MARYLAND
	Date of death	1906	Month	10	Day	29	Age
							Years
							Months
							Days
Sex	Male		Color or Race		White		Birth-place
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Jacob Adam Bryan				Father's Birthplace	
						Salto Co Ind	
Mother's Maiden Name		Annie Lillith Seymour				Mother's Birthplace	
						" " "	
Name of person giving information		" " "				How related to deceased	
						Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Suffocation				How long
							How long
							Few minutes
	Immediate						
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Joseph A Ross MD	
				Address		Grapple, Salto Co, Ind.	
Accident		No					





Name  
in  
Full

## CERTIFICATE OF DEATH

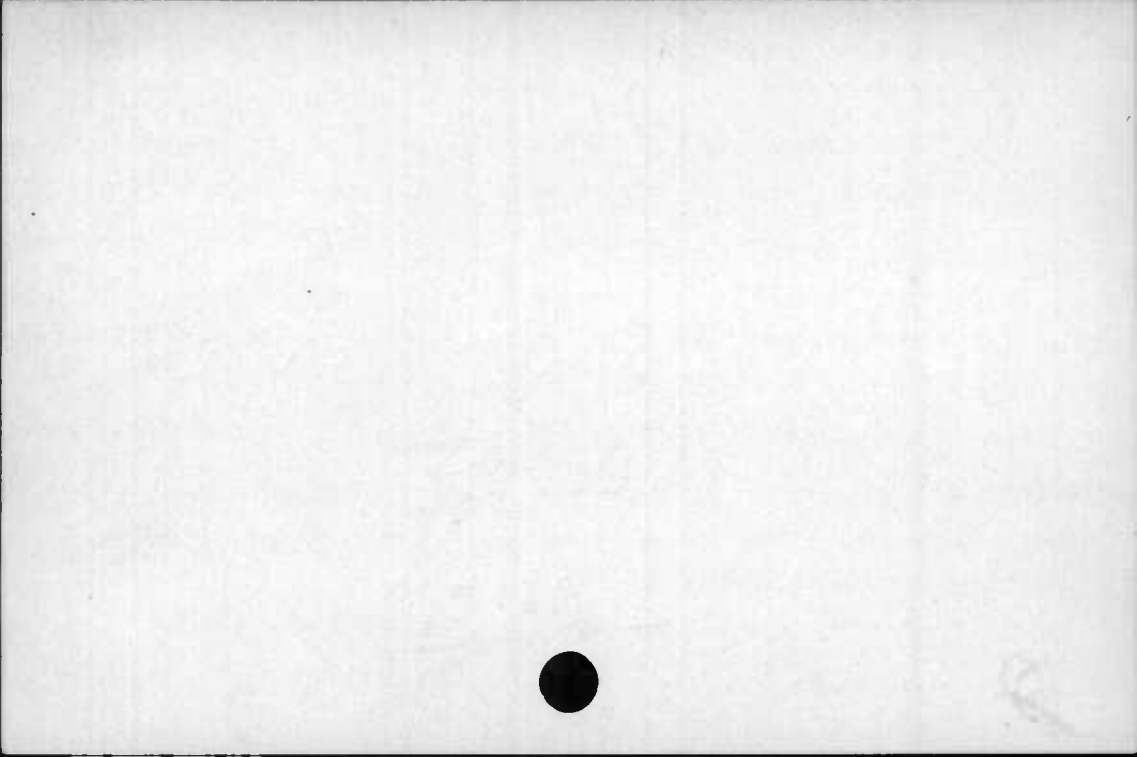
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Easton</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec</i>	Day <i>13</i>	Age <i>39</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birthplace <i>Talbot County</i>		
Occupation <i>water</i>			Where Residing if not at place of death <i>Y</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>Samuel Ballin</i>			Father's Birthplace <i>Talbot County</i>		
Mother's Maiden Name <i>Angelina Good</i>			Mother's Birthplace <i>X</i>		
Name of person giving information <i>Maym Thomas</i>			How related to deceased <i>Sister</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>loose wire</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No Doctor</i>
	Address <i>A. A. Hughes</i>
Accident or Suicide?	<i>und taken</i>



Name  
in  
Full

Lamenda Goodman Covington

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Pilghman* Town *Talbot* County

Date of death *1906* Month *10th* Day *31st* Age *—* Months *6* Days *8*

Sex *Male* Color or Race *White* Birth-place *Pilghman*

Occupation *—* Where Residing if not at place of death *—*

Married, Single  
or WidowedName of Wife or  
HusbandFather's Name *Wilbur S. Covington*Father's Birthplace *Talbot Co.*Mother's Maiden Name *Alice Marpole*Mother's Birthplace *Baltimore*Name of person giving  
Information *M. J. Covington*How related  
to deceased *Mother in Law*

## CAUSES OF DEATH

Primary

How long

Immediate

*Pneumonia*

How long

*14 days*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*W. W. Chaires*

Address

*Pilghman, Md.*

Accident or Suicide?



Name  
in  
Full

Hammond Greiger

## CERTIFICATE OF DEATH

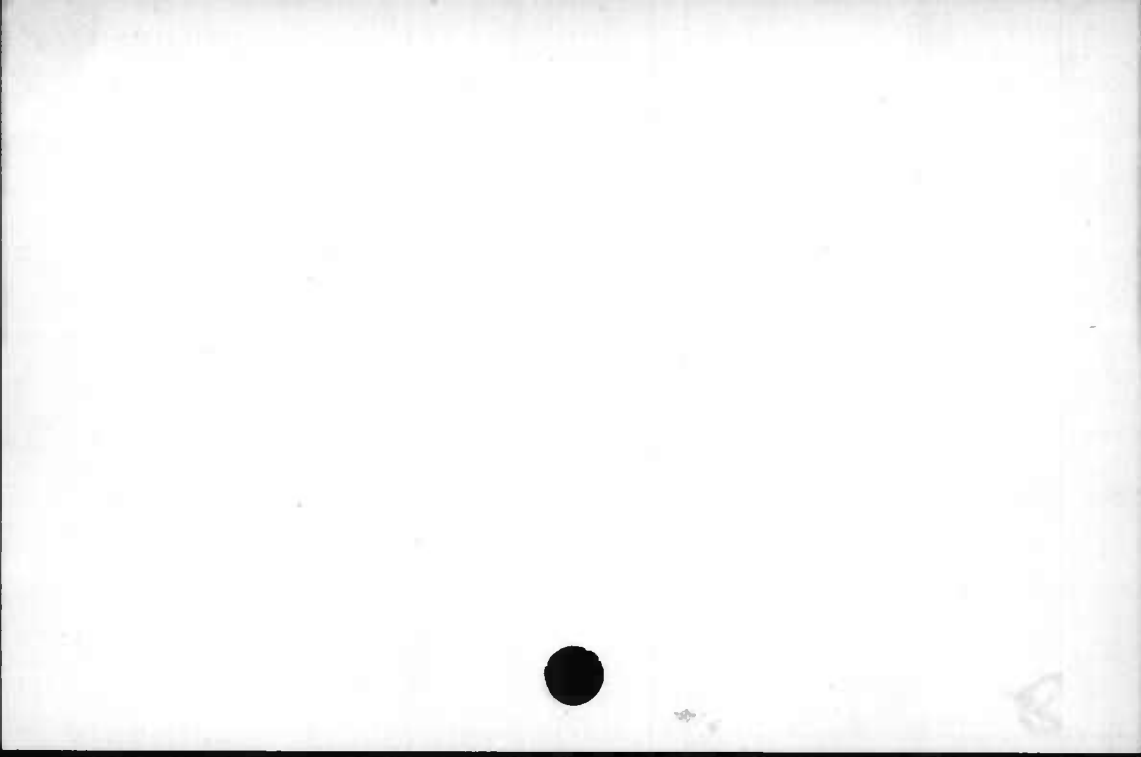
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Oxford</b> <small>Town</small>		<b>Fallb.</b> <small>County</small>		<b>MARYLAND</b>	
<b>Date</b> of death <b>1906</b> <small>Month</small>	<b>Oct.</b> <small>Day</small>	<b>19</b> <small>Years</small>	<b>Age</b> <b>87</b>	<b>9</b> <small>Months</small>	<b>13</b> <small>Days</small>
<b>Sex</b> <b>Male</b>	<b>Color or Race</b> <b>White</b>	<b>Birth-place</b> <b>Germany</b>			
<b>Occupation</b> <b>Farmer</b>		<b>Where Residing if not at place of death</b>			
<b>Married, Single or Widowed</b> <b>Widowed</b>		<b>Name of Wife or Husband</b> <b>—</b>			
<b>Father's Name</b> <b>do not know</b>		<b>Father's Birthplace</b> <b>Germany</b>			
<b>Mother's Maiden Name</b> <b>do not know</b>		<b>Mother's Birthplace</b> <b>Germany</b>			
<b>Name of person giving information</b> <b>Mrs S. M. Hingard</b>		<b>How related to deceased</b> <b>Daughter</b>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

<b>Primary</b> <b>Emphysema of lungs</b>	<b>How long</b> <b>do not know</b>
<b>Immediate</b> <b>Pneumonia</b>	<b>How long</b> <b>Three days</b>
<b>Are the name, age, sex, color, date and place correctly given above?</b> <b>Yes</b>	<b>Signature of Physician</b> <b>J. A. Stevens</b>
	<b>Address</b> <b>Oxford</b>
<b>Accident or Suicide?</b> <b>No</b>	<b>Init.</b> <b>K.H.</b>



Name  
in  
Full

Hiram Clay Cummings

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Tillyghman<sup>County</sup> Talbot

Date of death 1906 Oct

Day 27

Age 62

Months 5

Days 14

Sex male

Color of Race white

Birth-place Talbot Co.

Occupation Oysterman

Where Residing If not at place of death

Tillyghman md

Married, Single or Widowed Married

Name of Wife or Husband

Laura B. Cummings

Father's Name Joseph Cummings

Father's Birthplace

Mother's Maiden Name Martha Larimore

Mother's Birthplace Talbot Co.

Name of person giving information Mrs Joseph Harrison

How related to deceased Sister-in-law.

## CAUSES OF DEATH

Primary

How long

Immediate

Phthisis Pulmonalis

How long 2 yrs

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. K. Wilson

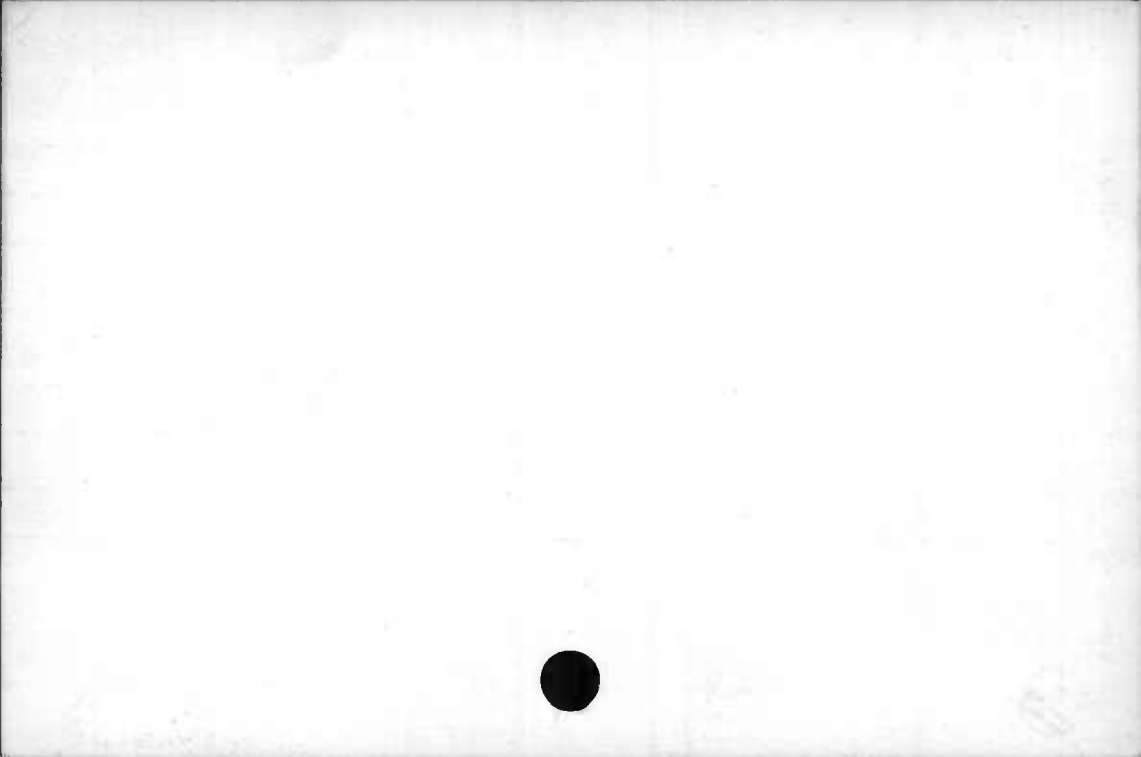
Address

Tillyghman  
Md

Accident or Suicide?

No -

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Not named

Demby  
Talbot

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Chapel* <sup>Town</sup> *Deale*

*Talbot* <sup>County</sup>

Date of death *1906*

*Oct* <sup>Month</sup>

*9* <sup>Day</sup>

Age

*X* <sup>Years</sup>

*X* <sup>Months</sup>

*6* <sup>Days</sup>

Sex *Female*

Color or Race *Black*

Birthplace *Md*

Occupation *none*

Where Residing If not  
at place of death *X*

Married, Single  
or Widowed *X*

Name of Wife or  
Husband *X*

Father's Name *Isaac Demby*

Father's Birthplace *Md*

Mother's Maiden Name *Hester Lilphuman*

Mother's Birthplace *Md*

Name of person giving  
In formation *Isaac Demby*

How related  
to deceased *father*

CAUSES OF DEATH

Primary *Weak from birth*

How long

Immediate *Exhaustion*

How long *6 days*

Are the name, age, sex, color, date  
and place correctly given above? *yes*

Signature of Physician *No physician*

Address *E. R. Reife Easton*

*Registrar*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Charles A. Foster</i>		Town <i>Near Easton</i>		County <i>Talbot</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906 Oct 15</i>		<i>40</i>		<i>6</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth place <i>Delaware</i>			
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Near Easton</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Anna V. Foster</i>					
Father's Name <i>Peter Foster</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Celia A. Chase</i>		Mother's Birthplace <i>Caroline Co Md</i>					
Name of person giving information <i>Anna V. Foster</i>		How related to deceased <i>Wife</i>					

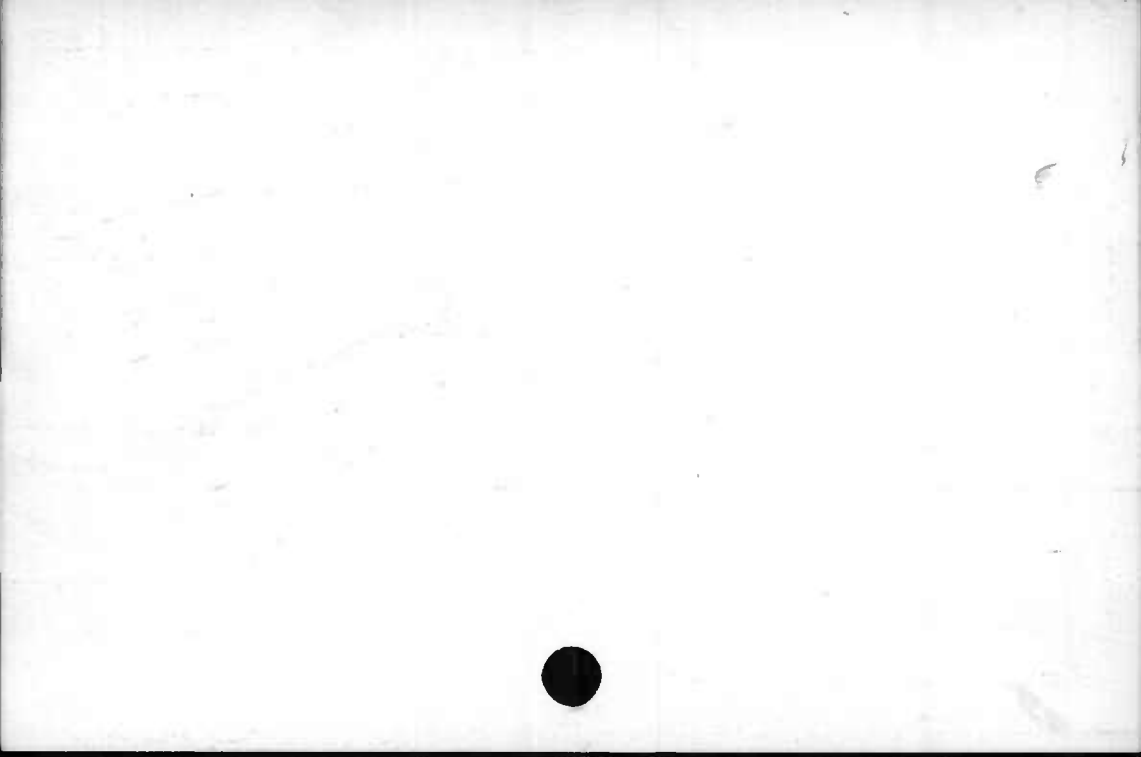
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage - Paralysis</i>	How long <i>5 mos</i>
Immediate <i>Recurrent Cerebral Hemorrhage</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas F Davidson</i>
	Address <i>Easton, Md.</i>
Accident or Suicide? <input checked="" type="checkbox"/>	

Near Chapel

Name in Full		Samuel J. Griffin				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Near Easton		Jacob		MARYLAND		
		Date of death		1906	Month	Oct	Day	1
		Age		68	Years	6	Months	—
		Sex		Male		Color or Race		White
		Birthplace		Dorchester Co		Occupation		Farmer
		Where Residing if not at place of death		Near Easton		Married, Single or Widowed		Married
Name of Wife or Husband		Griffin		Father's Name		Caleb Griffin		
Father's Birthplace		Dorchester Co		Mother's Maiden Name		Eliza J. Navy		
Mother's Birthplace		"		Name of person giving information		Capt. Griffin		
How related to deceased		Brother		CAUSES OF DEATH				
PHYSICIAN 'OR CORONER		Primary		Apoplexy		How long		
		Immediate		Hypostatic Pneumonia		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
		Address		P. L. Travers, Easton, Md.		Accident or Suicide?		



Name  
in  
FullRachel Ann Handy  
Town Easton County Talbot

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1906

Month

10

Day

3

Age

Years

60

Months

3

Days

5

Sex

Female

Color or  
Race

African

Birth-  
place

Talbot Md

Occupation

Cook

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

James Handy

Father's  
Birthplace

Talbot Md

Mother's  
Maiden Name

Amy Smith

Mother's  
Birthplace

Talbot Md

Name of person giving  
Information

Howard Handy

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Bright's disease

How long

2 years

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

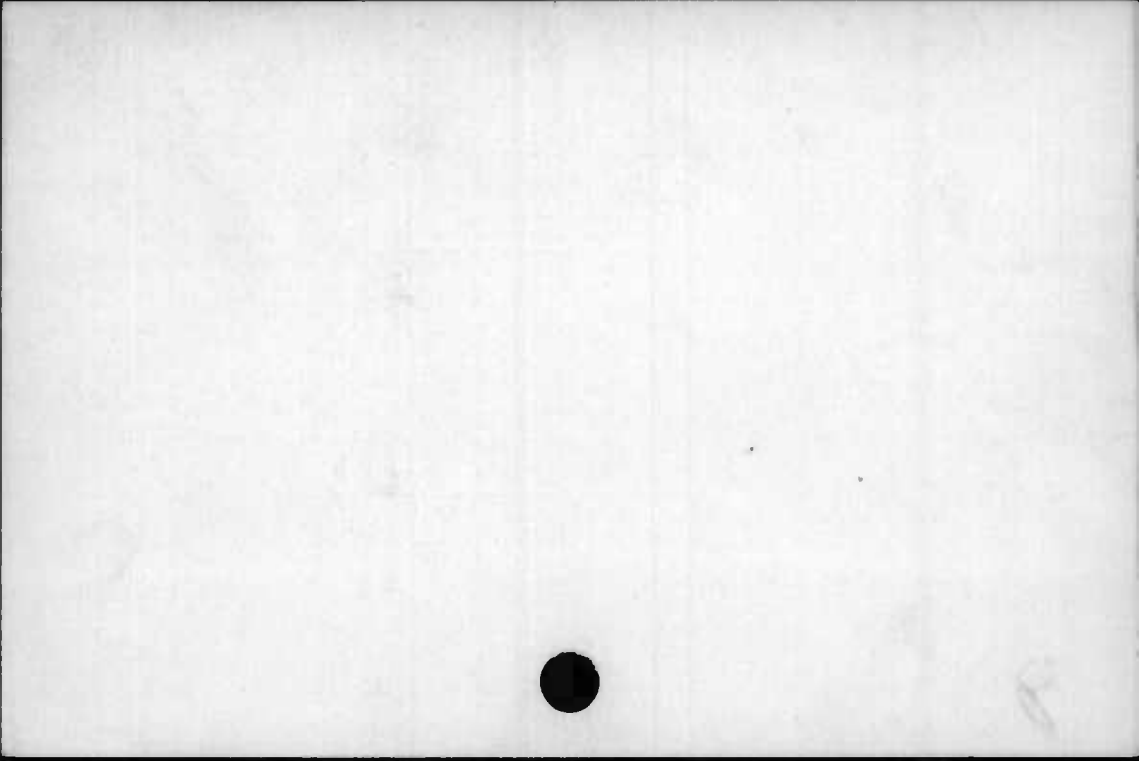
D. Denny Bellamy, M.D.

Address

Easton Md.

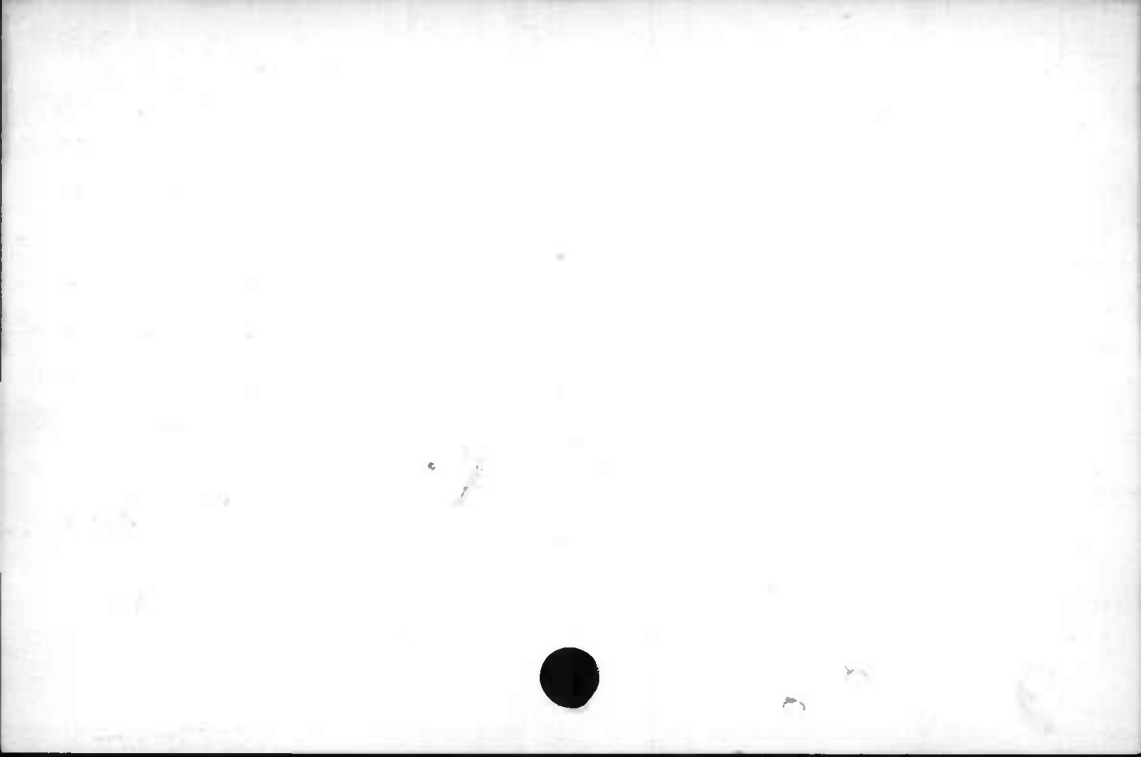
Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

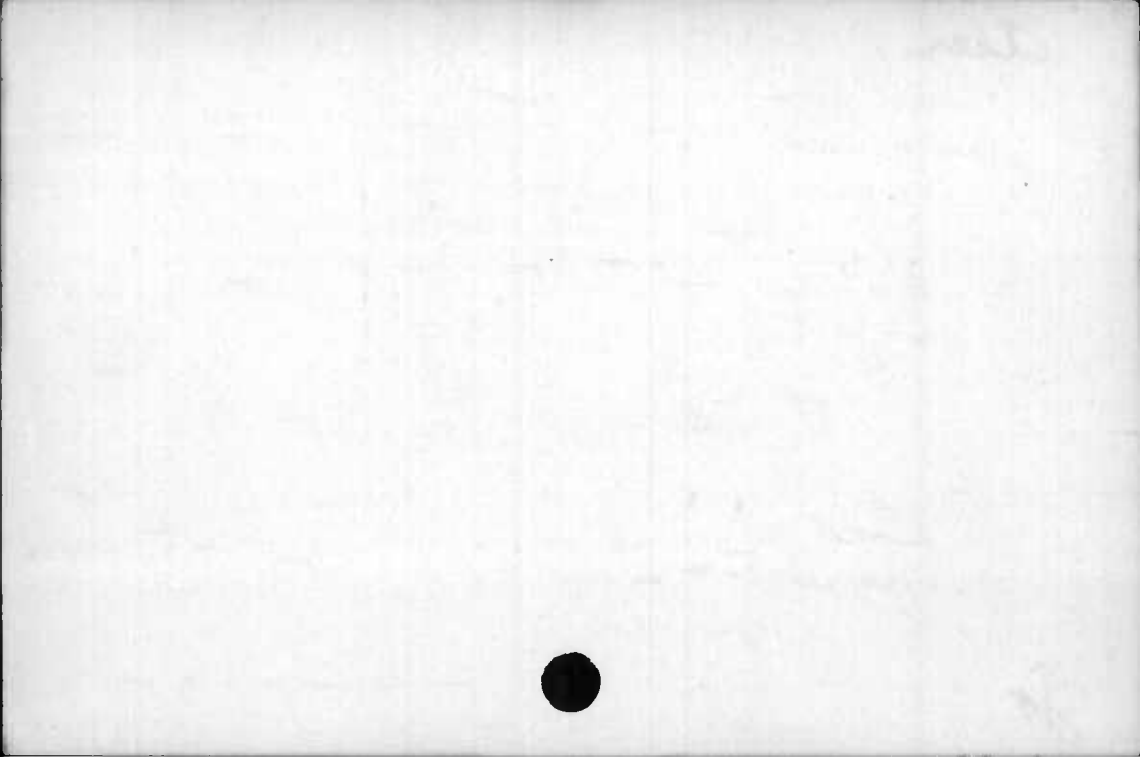




Name in Full		Bertie Olivia Harrison				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Wittman		Talbot		
	Date of death		1906	Month Oct.	Day 25	Age —	Years —
					Months 3	Days 21	
	Sex		Female		Color or Race White		Birth-place Wittman Md
	Occupation —				Where Residing if not at place of death —		
	Married, Single or Widowed		—		Name of Wife or Husband —		
	Father's Name Joseph W. Harrison				Father's Birthplace Wittman Md		
Mother's Maiden Name Hattie A. Warner				Mother's Birthplace Wittman Md			
Name of person giving information Joseph W. Harrison				How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate		Enterocolitis		How long		4 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		S. K. Wilson
					Address		Tilghman Md.
	Accident or Suicide?		no				



Name in Full <b>Isaac Holland</b>		CERTIFICATE OF DEATH			
Died at <b>Bogman</b> Town		<b>Talbot Co</b> County		MARYLAND	
Date of death <b>1906</b>	Month <b>Oct</b>	Day <b>15</b>	Age <b>23</b>	Months	Days
Sex <b>Male</b>	Color or Race <b>Colored</b>		Birth-place <b>Talbot Co</b>		
Occupation <b>Laborer</b>	Where Residing if not at place of death				
<del>Married, Single or Widowed</del> <b>Single</b>	Name of Wife or Husband				
Father's Name <b>Isaac Holland</b>	Father's Birthplace <b>Talbot Co Md</b>				
Mother's Maiden Name <b>Mary Caldwell</b>	Mother's Birthplace <b>Talbot Co Md</b>				
Name of person giving information <b>Isaac Holland</b>	How related to deceased <b>Father</b>				
CAUSES OF DEATH					
Primary <b>Typhoid fever</b>	How long <b>1 week</b>				
Immediate <b>Intestinal perforation</b>	How long <b>2 days</b>				
Are the name, age, sex, color, date and place correctly given above? <b>yes.</b>	Signature of Physician <b>H. E. Bapp</b>				
	Address <b>St. Michael Md.</b>				
Accident or Suicide?					



Name  
in  
Full

## CERTIFICATE OF DEATH

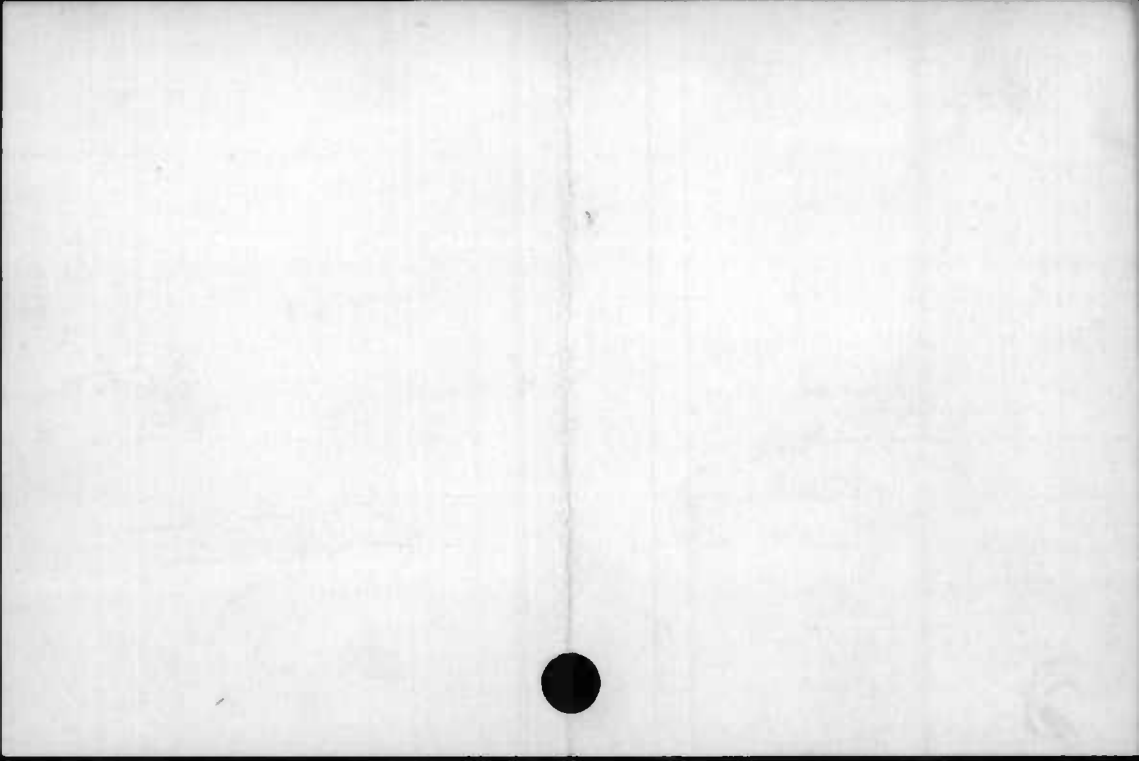
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Alex. Hopkins* Town *Queen Anne* County *Labat*Date of death *1906* Month *10* Day *17* Age *25* Years Months DaysSex *Male* Color of Race *Negro* Birth-place *Ind.*Occupation *Laborer* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of ~~Wife or~~ *Woman* *Laura Gibbs*Father's Name *Alex. Hopkins* Father's Birthplace *Ind.*Mother's Maiden Name *Don't know* Mother's BirthplaceName of person giving information *Fred. P. Hubbard* How related to deceased *Employer*

## CAUSES OF DEATH

Primary *Typhoid* How long *say 2 weeks they*  
Immediate *Measles & Typhoid* How long *in twice*  
*Don't know I only saw*Are the name, age, sex, color, date and place correctly given above? *I guess so* Signature of Physician *R. H. Ackett*Address *Queen Anne*Accident or Suicide? *Nagle et al & Co. Leavenworth* *Ind.*



Name  
in  
Full

Georgia Etta Jennings.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died near <i>Towson</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>18</i>	Age <i>53</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>negro</i>		Birth-place <i>Talbot Co, Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Richard Jennings</i>				
Father's Name <i>Don't know</i>	Father's Birthplace				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace				
Name of person giving information <i>Richard Jennings</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Carcinoma of Uterus</i>	How long	<i>3 1/2 years</i>
Immediate	<i>Embolic of Heart</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Joseph A Ross M.D.</i>	
		Address	
		<i>Towson, Talbot Co, Md.</i>	
Accident or Suicide?			





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

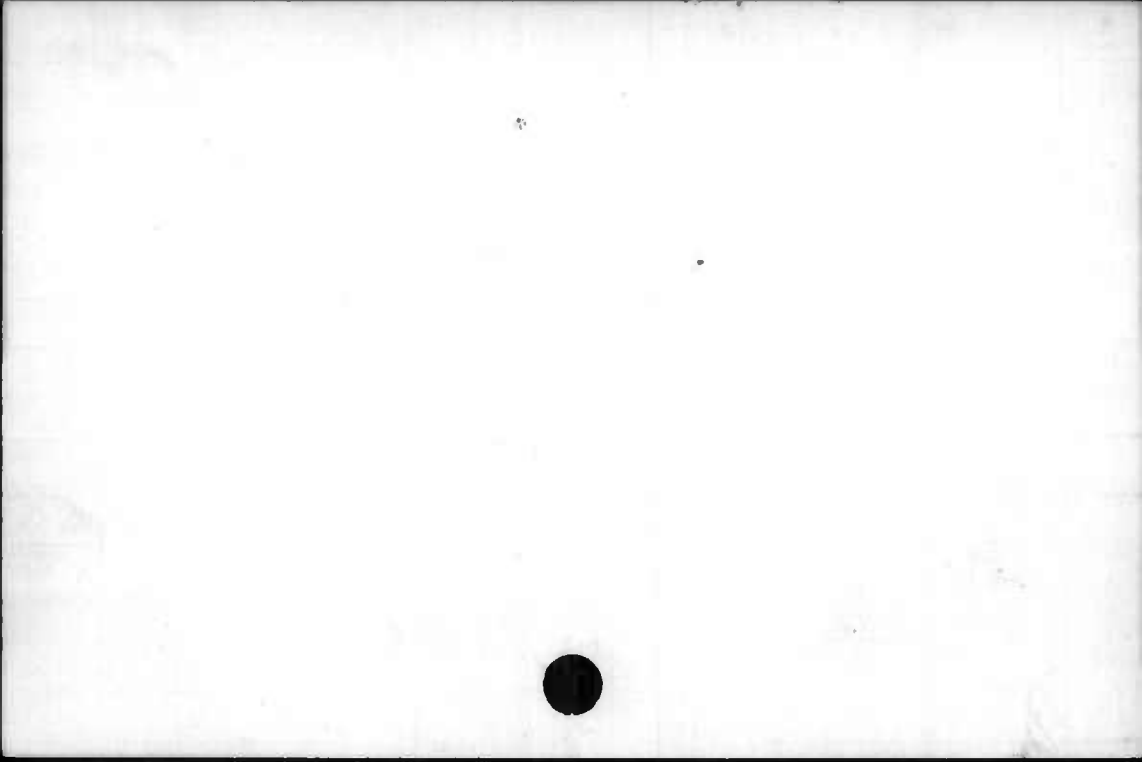
## CERTIFICATE OF DEATH

MARYLAND

Died at Oxford TownCounty TalbotDate of death 1906 Month OctDay 29Age 77 YearsMonths 3Days 14Sex maleColor or Race whiteBirth-place Talbot Co. MdOccupation LaborerWhere Residing if not at place of death OxfordMarried, Single or Widowed SingleName of Wife or Husband J. K. LeonardFather's Name John LeonardFather's Birthplace MdMother's Maiden Name Hennetta HallMother's Birthplace MdName of person giving Information Joe LeonardHow related to deceased Son

## CAUSES OF DEATH

Primary Myocardial Regurgitation 19 How long two monthsImmediate old age How long two monthsAre the name, age, sex, color, date and place correctly given above? yesSignature of Physician L. P. RobertsAddress Oxford MdAccident or Suicide? \_\_\_\_\_



Name  
in  
Full

Matha Perkins

CERTIFICATE OF DEATH

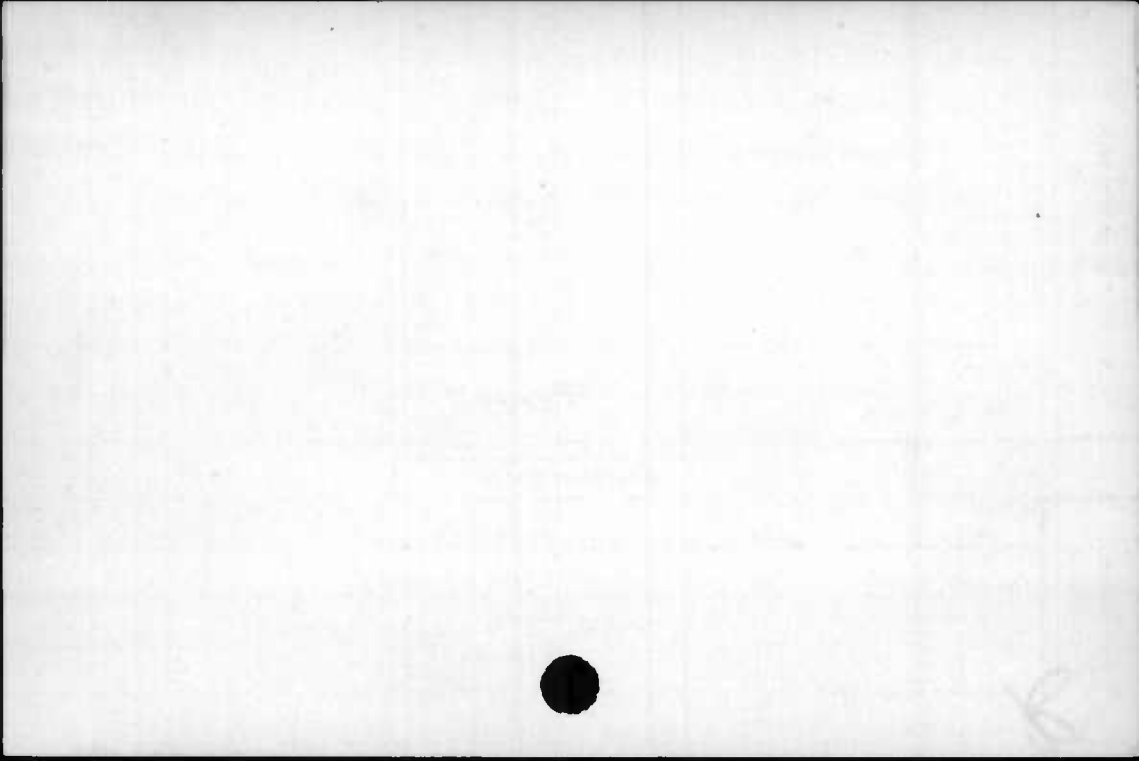
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Chapel</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u>	<u>October</u> <small>Month</small>	<u>6th</u> <small>Day</small>	Age <u>      </u>	<u>6</u> <small>Months</small> <u>6</u> <small>Days</small>
Sex	<u>Female</u>	Color or Race	<u>negro</u>	Birth-place	<u>Chapel</u>
Occupation	<u>X</u>	Where Residing if not at place of death		<u>X</u>	
Married, Single or Widowed	<u>X</u>	Name of Wife or Husband		<u>X</u>	
Father's Name	<u>Harrison Perkins</u>			Father's Birthplace	<u>X</u>
Mother's Maiden Name	<u>Susie Sampson</u>			Mother's Birthplace	<u>X</u>
Name of person giving information	<u>Susie Sampson</u>			How related to deceased	<u>mother</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Enterohage</u>	How long	<u>49 days</u>
Immediate	<u>Adynamia</u>	How long	<u>X</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Wm Marshall</u>
		Address	<u>Custom Ind</u>
Accident or Suicide?			



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name In Full <i>Matthew Roberts</i>		Town <i>Unionville</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Unionville</i>		Month <i>Oct</i>		Day <i>13</i>		Years <i>69</i>	
Date of death <i>1904</i>		Month <i>Oct</i>		Day <i>13</i>		Years <i>69</i>	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth- place <i>Talbot Co</i>		Months —	
Occupation —		Where Residing if not at place of death —		Days —		—	
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>died prior</i>		Father's Birthplace <i>Talbot Co</i>		Mother's Birthplace <i>"</i>	
Father's Name <i>Perry Roberts</i>		Mother's Maiden Name <i>Charlotte Jackson</i>		How related to deceased <i>son</i>		—	
Name of person giving Information <i>Matthew Roberts jr</i>		—		—		—	

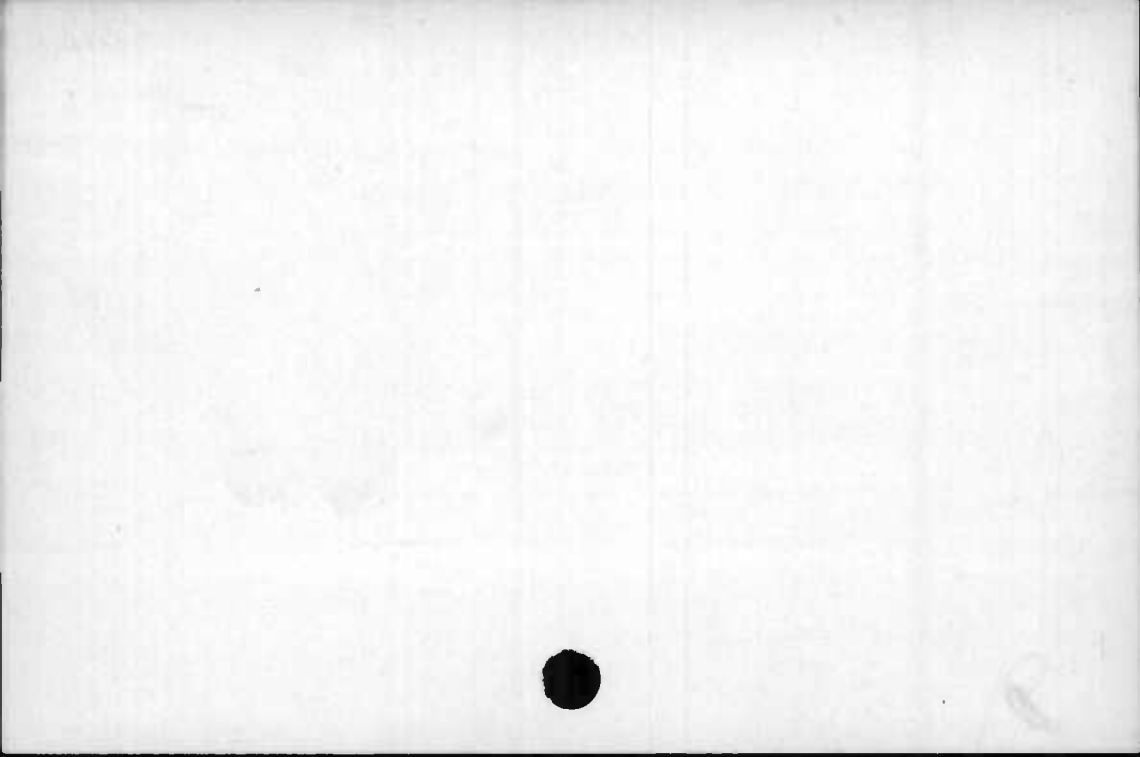
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis &amp; Cardiac</i>		How long <i>5 years</i>	
Immediate —		How long —	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. J. Hayward M.D.</i>	
Accident or Suicide? <i>No</i>		Address <i>Easton Md.</i>	

16 Jensen Creek

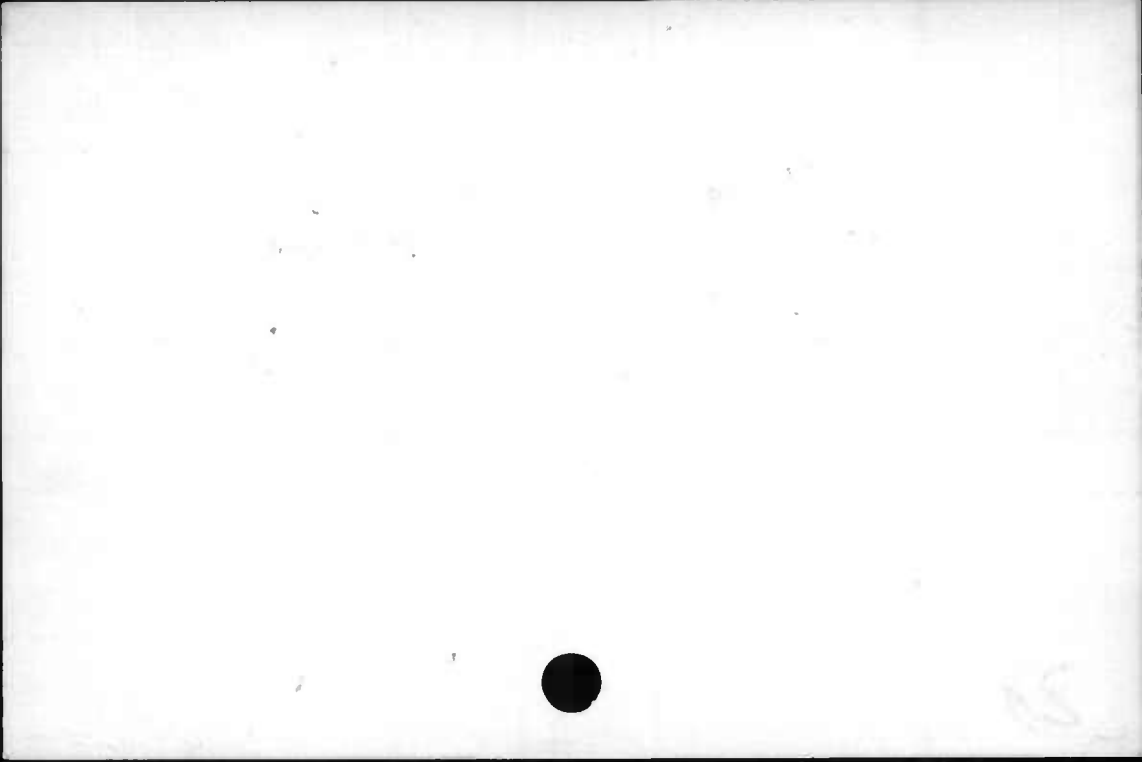
Name in Full		CERTIFICATE OF DEATH											
TO BE ANSWERED BY NEAREST FRIEND	Town <i>William Le Roy Roberts</i>			County <i>Talbot</i>		MARYLAND							
	Died at												
	Date of death	1906	Month	October	Day	17	Age	Years	11	Months	—	Days	—
	Sex	<i>Male</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Talbot County</i>					
	Occupation						Where Residing if not at place of death	<i>McDaniel</i>					
	Married, Single or Widowed				Name of Wife or Husband								
	Father's Name	<i>Isaac Roberts</i>						Father's Birthplace	<i>Talbot Co</i>				
	Mother's Maiden Name	<i>Ellen Bailey</i>						Mother's Birthplace					
Name of person giving information	<i>Ellen Roberts</i>						How related to deceased	<i>Mother</i>					
<div style="text-align: center;">CAUSES OF DEATH</div>													
PHYSICIAN OR CORONER	Primary	<i>Tuberculosis</i>					How long	<i>2 yrs.</i>					
	Immediate	<i>General Asthma</i>					How long	<i>2 weeks</i>					
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>			Signature of Physician	<i>H. G. Lupp</i>						
						Address	<i>St. Michael Md.</i>						
Accident or Suicide?													





Name in Full <b>Wm Thos Rowleson</b>		CERTIFICATE OF DEATH			
Died at <b>Sherwood</b>		Town <b>Salbolt</b>		County <b>MARYLAND</b>	
Date of death <b>1906</b>	Month <b>Oct</b>	Day <b>31</b>	Age <b>69</b>	Years	Months <b>—</b>
Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Salbolt Co. Md</b>		Days <b>—</b>	
Occupation <b>Merchant</b>	Where Residing if not at place of death <b>Sherwood, Md</b>				
Married, Single or Widowed <b>Widower</b>	Name of Wife or Husband <b>Fannie Rowleson - 2nd wife</b>				
Father's Name <b>William Rowleson</b>	Father's Birthplace <b>—</b>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <b>Wm Rowleson</b>	How related to deceased <b>Son</b>				

CAUSES OF DEATH	
Primary <b>Paraplegia</b>	How long <b>5 days</b>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>S. K. Wilson</b>
	Address <b>Gilghman Md</b>
Accident or Suicide? <b>no</b>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town <i>Picappe</i>		County <i>Salto</i>			
Date of death		Month	Day	Age	Years	Months	Days
1906		10	9		—	—	1—
Sex	<i>Female</i>		Color or Race	<i>Negro</i>		Birth-place	<i>Picappe, Md.</i>
Occupation	—		Where Residing if not at place of death		—		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		—		
Father's Name	<i>Perry Smith</i>					Father's Birthplace	<i>Salto Co Md</i>
Mother's Maiden Name	<i>Mary Lula Odell Smith</i>					Mother's Birthplace	<i>Salto Co Md</i>
Name of person giving information	<i>J Irene Smith</i>					How related to deceased	<i>Grandmother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Prematurity*

How long

—

Immediate

*Exhaustion*

How long

—

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*Joseph A Ross MD*  
*Picappe Salto Co, Md*

Accident or Suicide?

—



Name  
in  
Full

Richard Thomas

## CERTIFICATE OF DEATH

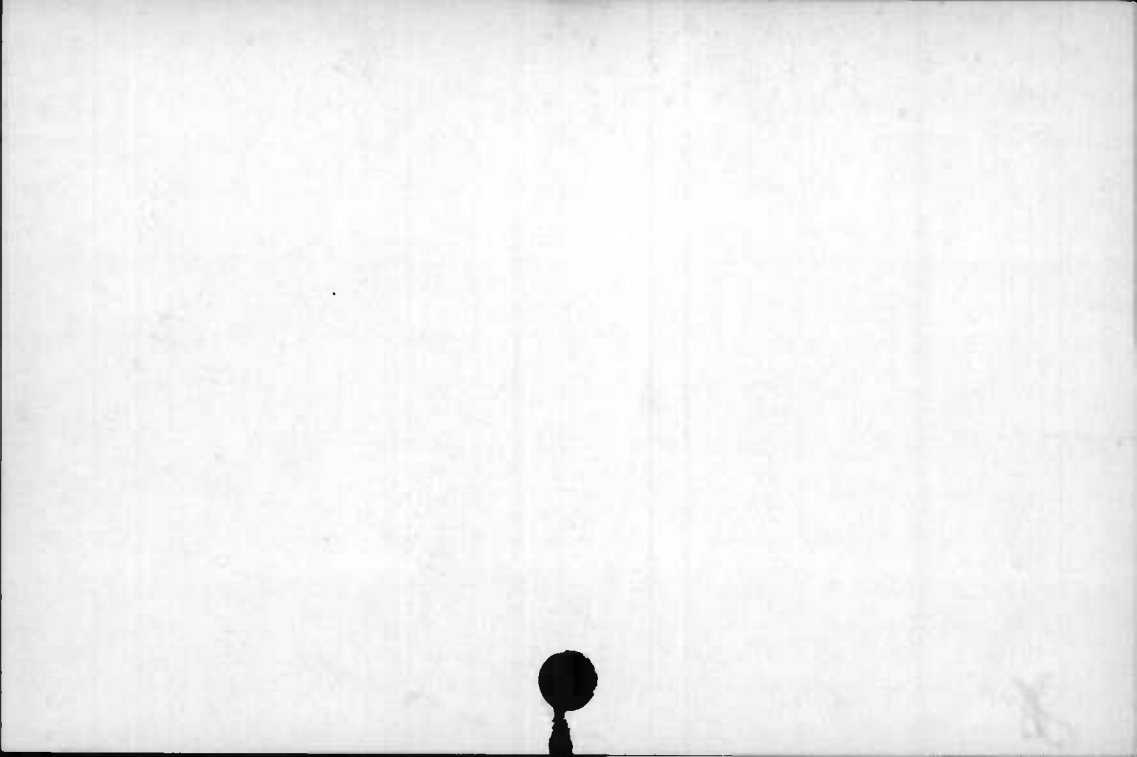
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Easton		County Talbot		MARYLAND	
Date of death	1906	Month oct	Day 14	Age 90	Years	Months 9	Days 26
Sex	Male		Color or Race	white		Birth- place	md
Occupation	Cashier in Easton Nat. Bank			Where Residing if not place of death		X	
Married, Single or Widowed	Single		Name of Wife or Husband	Mary Smith			
Father's Name	Richard Thomas					Father's Birthplace	
Mother's Maiden Name	Sarah Sparks					Mother's Birthplace	
Name of person giving In formation						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	old age -	How long	154
Immediate	accident & exhaustion	How long	7 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. R. Zippe
		Address	Easton
Accident	<del>suicide</del>		md



Name  
in  
Full

Effa May Willis

CERTIFICATE OF DEATH

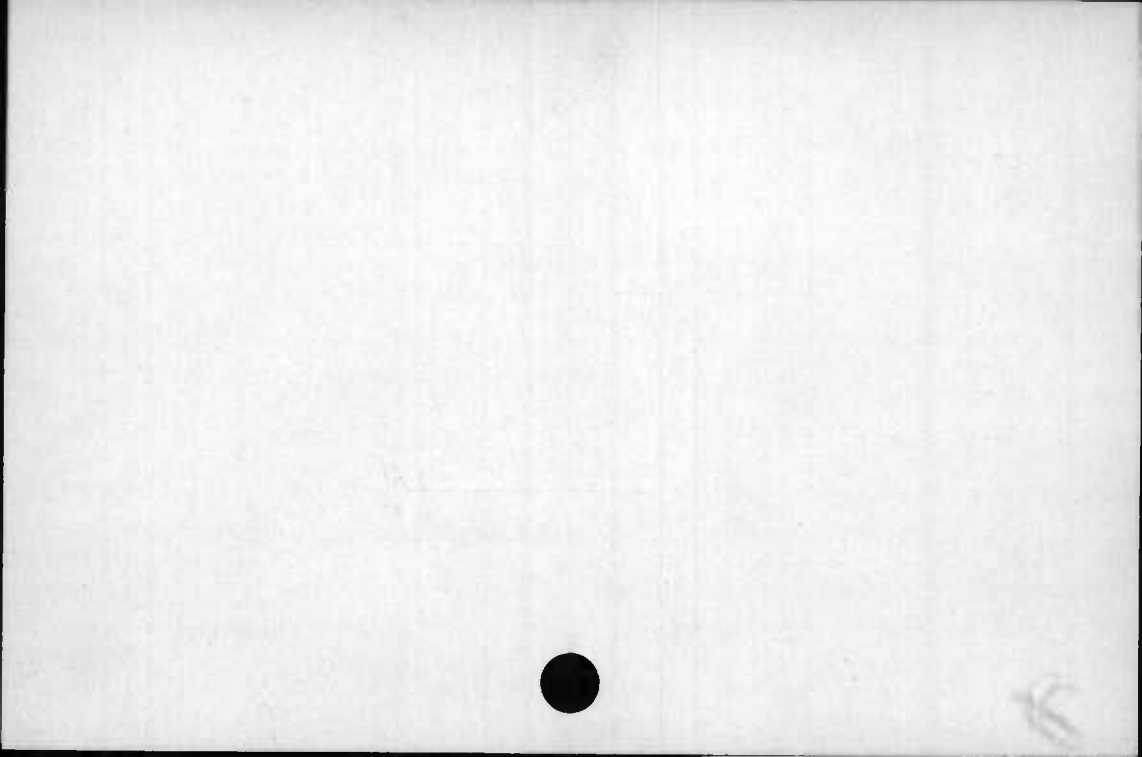
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Chappel</i>		County <i>Talbot Co</i>		MARYLAND	
Date of death		Month <i>Oct.</i>	Day <i>12</i>	Age <i>X</i>	Years <i>X</i>	Months <i>X</i>	Days <i>6</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Chappel</i>			
Occupation <i>X</i>				Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>Clarence Milton Willis</i>				Father's Birthplace <i>Balto.</i>			
Mother's Maiden Name <i>E. Estella Coppage</i>				Mother's Birthplace			
Name of person giving information <i>E. Milton Willis</i>				How related to deceased <i>father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Meningitis</i>	How long <i>36 hrs.</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>6 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>P. L. Travers</i>
	Address <i>Easton</i>
Accident or Suicide?	





Name  
in  
Full

Mary Francis Young

## CERTIFICATE OF DEATH

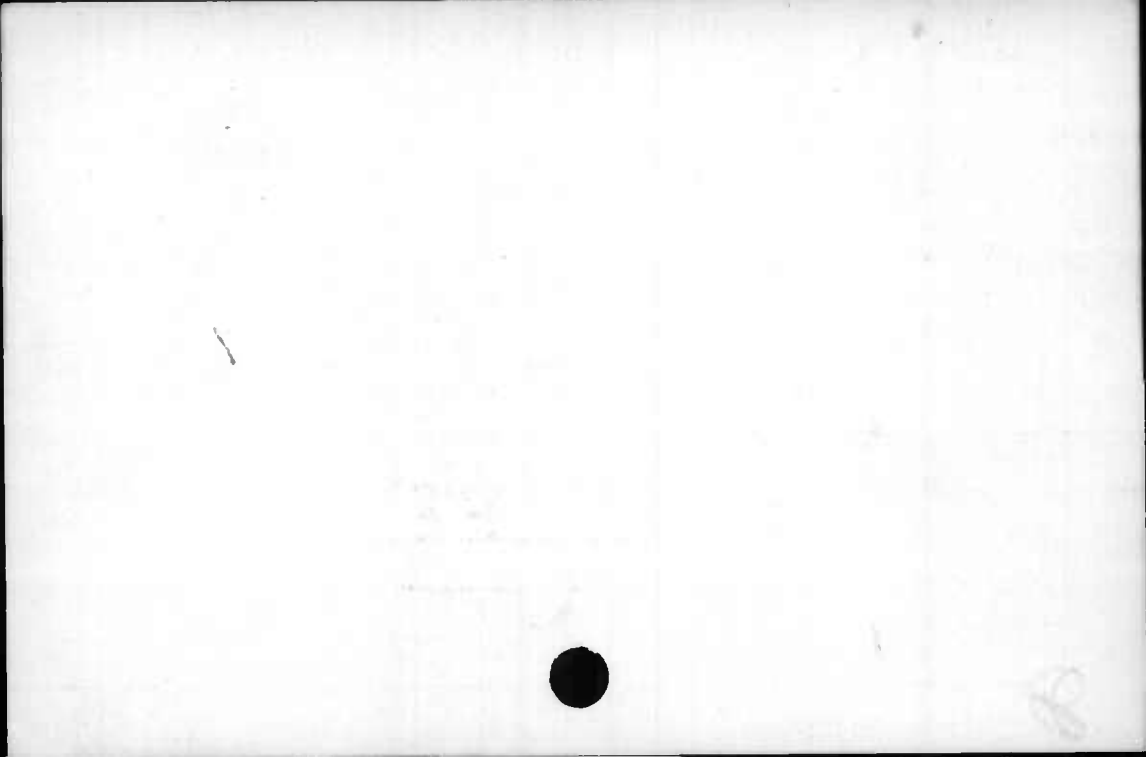
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oxford</i> <sup>Town</sup>		<i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Oct</i>	Day	<i>28</i>
Age		Years	<i>1</i>	Months	
Sex		<i>F</i>		Color or Race	<i>colored</i>
Birth-place		<i>Oxford, Md.</i>			
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			<i>S</i>		
Name of Wife or Husband					
Father's Name			<i>Spencer Young</i>		
Father's Birthplace			<i>Talbot Co</i>		
Mother's Maiden Name			<i>Florence Jenkins</i>		
Mother's Birthplace			<i>Oxford</i>		
Name of person giving information			<i>Florence Young</i>		
How related to deceased			<i>mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Colitis &amp; Intestinal Indigestion</i>		How long	<i>5 months</i>
Immediate			How long	<i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	
			Address	
			<i>J. P. Stevens</i>	
			<i>Oxford</i>	
Accident or Suicide?		<i>no</i>		



Name  
in  
Full

*Unknown*

CERTIFICATE OF DEATH

Found floating on Bay Shore at J. Elgerts farm  
Died at

County *Dalbt*

MARYLAND

Date of death *1906* Month *7* Day *20* Age *25* Years Months *1* Days *20*

Sex *Male* Color or Race *Colored* Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

CAUSES OF DEATH

Primary How long

Immediate *Drowned* How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *Joseph G. Skinner M.D.*

Address *McDaniel*

Accident or Suicide? *Drowned*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

